Post Traumatic Stress Disorder

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April 3, 2007

Trauma statistics

- 25-80% of women and 20+% of men have a history of sexual victimization.
- Girls in high income families are at greatest risk for incest
- Women who were sexually abused in childhood are more than twice as likely to be re-victimized as adults
- >40% of women on welfare were sexually abused as children
- The majority of people in the criminal justice system were abused as children

Trauma related brain changes

in brain functioning and development can:

- Affect the way the brain copes with stress
- Result in suicidal ideation/attempts
- Result in self destructive behaviors
- Increase risk for depression, anxiety, and borderline personality disorder
- Increase risk for paranoia, hallucinations, anger problems, poor attention

Prevalence of PTSD and SUD

- Nearly 8% of people in the US will have full-blown PTSD in their lifetime (approx. 20 million)
- 50-60% of people with PTSD will develop substance use disorders
- 2/3 of people entering drug and alcohol treatment centers have PTSD or other trauma related symptoms.

Men with co-occurring disorders

- Men with dual diagnoses frequently have trauma history.
- Studies suggest that 12-15% of men have co-occurring PTSD and substance use disorders.
- Men report crime victimization, disaster, and combat more often than childhood abuse

Women with co-occurring disorders

- Women are believed to be 2-3 times more likely than men to develop co-occurring PTSD and SUD
- Between 55-99% of women with SUD report trauma histories.
- The rate of PTSD in the general population of women is about 11%, for women in treatment the rate is **30-59%.**

Reported adult victimization

Among women in residential drug and alcohol treatment centers:

- 57% report emotional abuse
- 49% report physical abuse
- 40% report sexual abuse

In one treatment based study

- 73% of women reported a history of rape
- 45% reported repeated rape experiences

Substance use and trauma

IV drug users

- 45% report childhood emotional abuse
- 55% report childhood physical abuse
- 60% report childhood sexual abuse

Alcohol users

- 33% report childhood physical abuse
- 49% report childhood sexual abuse
- 23% report both physical and sexual abuse in childhood.

SUD & offending behavior

Among people in treatment for substance use disorders

- 17% perpetrate physical &/or sexual assaults
  - 28% of these report childhood abuse

Trauma services

- Less than 20% of substance treatment centers offer specialized trauma related services.
- Many treatment centers have no process of assessing for trauma related disorders
- Few treatment providers have specialized training in treating trauma related disorders and often miss PTSD diagnoses or symptoms.

- Clients with co-occurring PTSD and SUD have worse outcomes than those with either diagnosis alone.
- Recovery rates are particularly low in programs that fail to address trauma related issues.
- SUD may not be effectively managed until trauma based issues are addressed.

Self medication

- Survivors of early childhood sexual abuse may use drugs and alcohol to cope with physical and emotional pain, memories and other symptoms of past trauma.

- ***PTSD symptoms often become worse with initial abstinence.***

Increased Stress of Drug Court

- Added responsibilities:
  - Doctor appointments
  - Treatment groups
  - Housing issues
  - Employment requirements

Relapse is part of

Recovery

What is PTSD?

PTSD is an anxiety disorder that can occur after someone experiences a traumatic event that causes helplessness, intense fear or horror. The experience can be a personal experience, witnessing or hearing about a traumatic event.

Lisa Najavits defines PTSD

"PTSD means being stuck in the trauma, unable to successfully face the emotional pain, cope with it, and go on with normal life."

DSM criteria A

Exposure to a traumatic event with both

1. the event involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
2. response involved intense fear, helplessness, or horror.

DMS criteria B

The event is persistently re-experienced in at least one of the following:

- Recurrent, intrusive, distressing recollections
- Recurrent, distressing dreams of the event
- Acting or feeling as if the event is occurring now
- Intense psychological distress to trauma related cues
- Physiological reactivity to trauma related cues

DSM criteria C

Persistent avoidance of stimuli or numbing

- Efforts to avoid thoughts, feelings, or conversations
- Efforts to avoid people, places, activities
- Inability to recall an important aspect of trauma
- Markedly diminished interest or participation in activities
- Feeling of detachment from others
- Restricted range of affect
- Sense of foreshortened future

DSM criteria D

Persistent symptoms of increased arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper vigilance
- Exaggerated startle response

DSM criteria E & F

E: Duration of the disturbance is more than one month

F: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image, and affect. Marked by impulsivity beginning in early adulthood and present in a variety of contexts.

BPD trademarks

- Intense anger
- Self-harming behaviors
- Chronic suicidal ideation or behaviors
- Risky behaviors
- *I hate you don't leave me*
- Mood swings
- *Manipulative*

The problem with being Borderline

1. It is extremely pejorative!
2. Interferes with treatment
3. Interferes with provider's motivation for client
4. Intensifies negative self appraisal
5. Can lead in increased ineffective behaviors

   (if you expect me to do it, I might as well do it)

Diagnosing BPD

- There are 9 specific criteria for borderline personality disorder, a person must meet at least 5 criteria for the diagnosis
- Suicide attempts and self harm alone do NOT constitute a diagnosis
- Angry outbursts and perceived manipulations do NOT constitute a diagnosis
- Being a difficult female does NOT constitute a diagnosis (really)

Overlap between PTSD and BPD

- Girls with emotional disturbance are often diagnosed with BPD when they actually have PTSD
- Research links both to traumatic history and vulnerability
- There is as much as a 57% co-morbidity between PTSD and BPD
- Both involve anger, dissociation, and self harm

BPD risk factors

- Individuals with BPD appear to be at greater risk for victimization or other forms of trauma in adulthood. This results in increased risk for PTSD.
- Men with BPD are highly likely to develop SUD.
- Women with BPD are 7 times more likely to have used drugs or alcohol in the past month compared to women without BPD.

Co-morbid PTSD & BPD

Women with both disorders are more likely to:

- Report physical health problems
- Express somatic complaints
- Have quality of life issues such as
  - Unemployment
  - Homelessness
  - Lack of social supports
- Perpetrate abuse on others

Co-morbid PTSD and SUD

Women with PTSD and SUD have particularly severe levels of symptoms compared to women with only PTSD

- More co-occurring diagnoses
- More medical problems
- High rate of suicide attempts (78.6%)
- More cognitive distortions
- Lower compliance with aftercare
- Lower motivation for treatment
- More inpatient admissions

Physical effects of childhood trauma

- Head trauma, traumatic brain injury
- Sexually transmitted diseases & HIV
- Orthopedic problems
- Chronic pelvic pain
- Headaches
- Stomach problems (IBS)
- Sleep disturbance
- Chronic muscle tension & spasms
- High blood pressure

Quality of life issues

Women with co-occurring PTSD and SUD are more likely to have significant life problems

- Homelessness
- Unemployment
- Child abuse and neglect issues
- Child custody issues
- Domestic violence issues
- More criminal behavior, legal consequences

The cost of untreated PTSD

- Increased need and rate of use of ER and crisis services
- Repeated treatment due to relapse
- Total cost of treatment for mental illness and SUD per year >$300 billion. 75% may be attributable to childhood trauma
- Increased jail costs

Abstinence affects symptoms

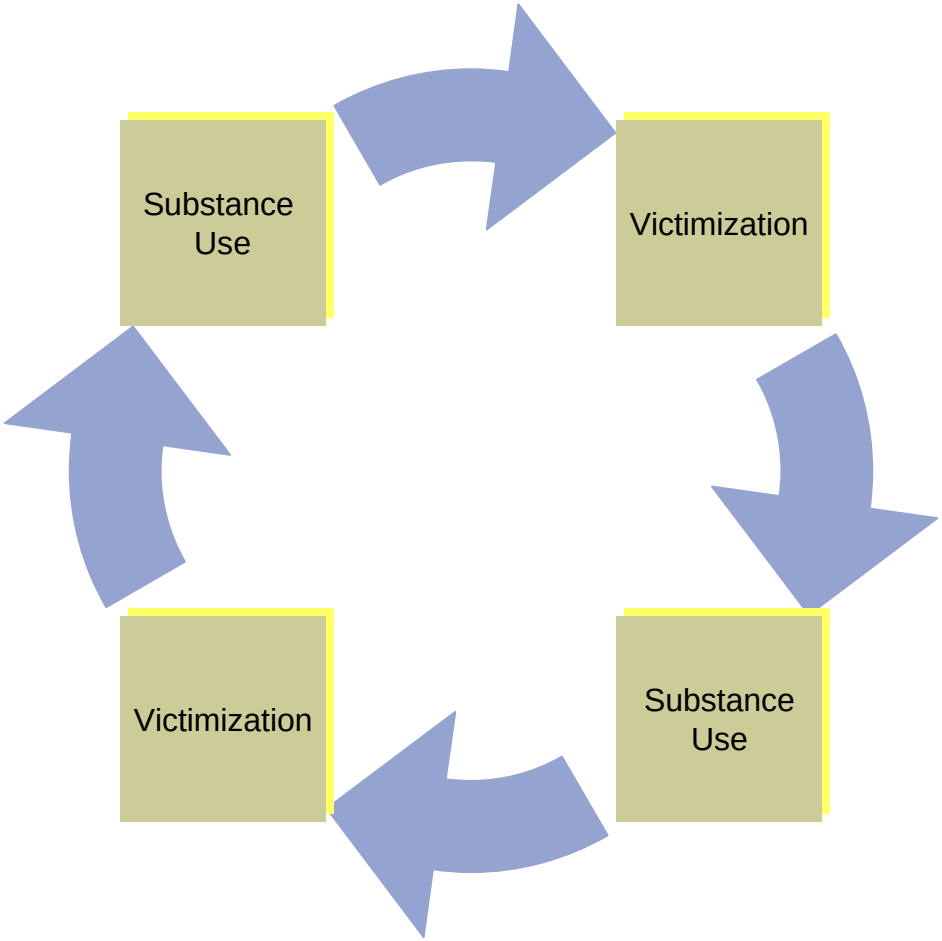
With many axis I disorders, stopping substance use improves psychiatric symptoms (e.g., depression).

With PTSD, it is common for symptoms to increase in frequency and severity with abstinence from substances (e.g., more frequent and severe flashbacks, increased social anxiety)

Drug Court Stressors

In a study of 500 drug court participants, subjective stress from court expectations and requirements lead to more negative outcomes.

Self-perpetuation cycle



Trauma through the legal system

- Handcuffs
- Mandated medication
- Seclusion & restraint type procedures

These practices are all a forms of control and may serve to recapitulate previous traumatic experiences and exacerbate PTSD symptoms.

Let’s talk about treatment

How and when to treat PTSD/SUD

When treatment doesn't work

- Dually diagnoses people may internalize a sense of failure
- May feel they are crazy, lazy, or bad
- Sense that something is *terribly* wrong
- Demoralization
- Self blame

Providers create problems too

- Uneasy alliances
- Multiple crises
- Negative counter transference
- Pejorative labels

Collaboration is essential

- Maintain motivation for client
- Everyone moving in the same direction
- Consistent expectations
- Reduced confusion
- No duplication of efforts
- Client accountability
- Provider accountability

Concurrent Treatment

- Better outcomes for clients
- Reduced jail costs
- Improved quality of life (work, money, housing, relationships)
- Increased safety (internal and external)

Treatment options

- Cognitive behavior therapy
- Exposure therapy & Flooding
- Relapse Prevention
- Eye Movement Desensitization (EMDR)
- Group and individual approaches
- Skills based
- Self help (e.g., *Courage to Heal)*
- Higher Power based (AA, NA, DRA)

Trauma processing techniques

Such as Exposure therapy, flooding, EMDR are effective for PTSD, but for dually diagnosed individuals can lead to “complex trauma” to the symptoms treatment hopes to abate

- Self harm & suicide
- Psychotic flashbacks
- Frightening somatic symptoms

Increased relapse risk!

Cognitive Behavior Therapy

- One of the most effective treatments for anxiety and mood disorders
- The basis of relapse prevention which is very effective for treatment of substance use disorders
- Focused on here and now rather than details of trauma

Pharmacotherapy

- In a pilot study Zoloft was helpful in reducing symptoms of PTSD and reducing alcohol consumption
- Paxil and Prozac helped with PTSD
- MAOI's reduce intrusive thoughts and depressive symptoms (risk for overdose)

What works?

- Here and now focus
- Skills for self regulation
- Increased confidence in ability to self-regulate
- Skills for distress tolerance
- Stress reduction skills
- Interpersonal skills training
- Creating meaning or purpose, Mind-body-spirit interventions

Filling the void

Recovery = new friends, new places, new activities.

- Psychosocial rehabilitation programs
- Spiritual support
- Peer support and community

Programs that include yoga, pranayama, tai chi, qi gong, breathing techniques and meditation appear to be beneficial to dually diagnosed clients.

Formal programs

- Dialectic Behavior Therapy (DBT): *Marsha Linehan*
- Seeking Safety: *Lisa Najavits*

Dialectical Behavior Therapy

Provides a comprehensive approach to symptom reduction, ego building, the establishment of safety. The program is present focused and skills based.

Goals of Skills Training

- Behaviors to Increase
  - Mindfulness Skills
  - Interpersonal Skills
  - Emotion Regulation Skills
  - Distress Tolerance Skills
- Behaviors to Decrease
  - Identity Confusion
    Emptiness
    Cognitive Dysregulation
  - Interpersonal Chaos
    Fears of Abandonment
  - Labile Affect
    Excessive Anger
  - Impulsive Behaviors
    Suicide Threats/actions

Functions of Comprehensive DBT

1. **Enhance capabilities**
   (self-regulation)
2. **Improve motivation**
   (Cue exposure/response prevention/skillful response reinforcement)
3. **Assure generalization to the natural environment**
4. **Structure the environment**
5. **Enhance therapists' capabilities and motivation to treat effectively**

Tasks in Core Mindfulness

1. Increase sense of self and decrease emptiness through learning to observe and describe on-going experience

2. Increase control over thoughts/emotions by learning to suspend judgment and watch thoughts pass and emotions ebb and flow.

3. Increase spontaneity and personal decision making by learning to participate skillfully in the moment integrating emotion and reasoning ability

Tasks in Interpersonal Effectiveness

1. Learn to say no and make requests effectively while maintaining self-respect and important relationships

2. Learn how to balance over-commitment and involvement with under commitment and isolation.

3. Learn how to balance assertiveness and joining with others to increase interpersonal relationships and self-acceptance.

Tasks in Emotion Regulation

- Decrease (or increase) physiological arousal associated with emotion
- Re-orient attention
- Inhibit mood dependent behavior
- Experience emotions without escalating or blunting
- Organize behavior in the service of external, non-mood-dependent goals

Tasks in Distress Tolerance

1.Replace maladaptive coping that works in the moment with non-destructive in the moment coping devices.

2. Learn to Accept on-going events and discomfort in order to reduce severe misery.

Seeking Safety

"Addresses both substance use disorders and past trauma symptoms simultaneously using a coping skills approach. It is present focused, educational, and seeks to help clients find safe ways to improve their lives without the use of substances or other self destructive behaviors."

Focus of treatment

Cognitive

- PTSD taking back your power
- Recovery thinking

Behavioral

- Taking good care of yourself
- Coping with triggers

Interpersonal

- Asking for help
- Setting boundaries

5 Principles of Seeking Safety

1. Safety as the priority of treatment
2. Integrated treatment of substance abuse and trauma related symptoms
3. A focus on ideals (restore hope for a better future)
4. Four content areas (cognitive, behavioral, interpersonal, and case management)
5. Attention to therapist process

Creating a Best Practice Model

- Collaboration between systems
- Shared language and conceptual framework
- Trained Providers using integrated treatment
- Treatment settings must routinely assess for substance disorders and psychiatric disorders (especially trauma based symptoms)
- Assisting clients in creating support systems, networks and groups
- Psychosocial rehabilitation

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- Individual therapy
- Consultation
- Dialectical Behavior Therapy
- Stress reduction
- Assessment

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